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DATE: October 17, 2005

CLIENT-MATTER No.: 24207-10069

To:

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USPTO	571-273-8300	

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FROM: Sabra-Anne R. Truesdale PHONE: (650) 335-7187

SENT BY: Dana Chevalier PHONE: (650) 943-5363

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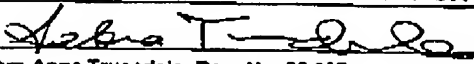
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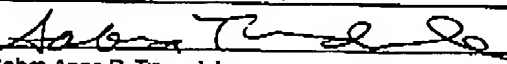
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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	10/814,773	
	Filing Date	March 31, 2004	
	First Named Inventor	Stephen R. Lawrence	
	Group Art Unit Number	2171	
	Examiner Name	Not Yet Known	
Total Number of Pages in This Submission	2	Attorney Docket Number	24207-10069

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Attorney/Reg. No.:	Sabra-Anne Truesdale, Reg. No. 55,687	Dated: 10-17-05

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Patent Number
(if appropriate)

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Patent Date
(if appropriate)

U.S. Filing
Date

10/541,476
10/749,439
10/749,440
10/749,620
10/750,105
10/750,109
10/765,014
10/813,818
10/814,365
10/814,414
10/814,487
10/814,766
10/814,773
10/814,908
10/814,924
10/815,158
10/854,060
10/872,504
10/881,643
10/882,059
10/882,066
10/948,710
11/018,812
11/026,616
11/026,681

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12-31-2003
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Typed Name

Sabra-Anne R. Truesdale

Signature

Sabra-Anne R. Truesdale

Date

10-17-05

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☐ Applicant or Patentee

☐ Assignee of record of the entire
interest. Statement under
37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

☒ Attorney or Agent of record

55.687

(Reg. No.)

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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